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AUTHOR McMullen, Harold G.
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ABSTRACT

For four years Lord Fairfax Community College has conducted voluntary, bi-weekly "Instructional Development Clinic" sessions to provide assistance to individual faculty members asking for help on improving specific course practices. Sessions usually focus on diagnostic, prescriptive, and/or prognostic instructional considerations, drawing on the competencies and resources available within the institution. The clinic also serves as a sounding board for faculty concerns, gives supportive assistance to faculty research teams, and fosters a sharing relationship among faculty. Leadership is managed by faculty on a rotating basis. Participation depends on faculty interests, needs, convenience, and collegial relationships. Support services and/or participation by administrators and ancillary staff are at the request of the faculty. Additional instructional support is provided through a collection of media resources on community college students, curriculum, and instruction. A typical meeting notice is appended. (RT)

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THE INSTRUCTIONAL CLINIC & STAFF DEVELOPMENT: WHEN FACULTY COME FROM BEHIND THE CLASSROOM DOOR

A Seminar Paper Presented at the
57th Annual Convention
American Association of Community & Junior Colleges
Denver, Colorado
April 19, 1977

JC 770 441

Harold G. McMullen, Ed. D.
Dean of Instruction
Lord Fairfax Community College
Middletown, Virginia

Some Preliminary Considerations

One article of faith usually accompanying the literary descriptions of America's comprehensive community colleges as they have developed during the past two decades is that "instruction" is their priority mission. Assuming the "instruction-centeredness" of the two-year colleges it follows that instructional development skills and strategies may become logical cornerstones of the staff development programs being undertaken among an increasing number of these institutions.

The reported increase of staff development programs among the community colleges during the 1970's is a positive indicator that more specialized attention to the developmental requirements of the two-year colleges is becoming more focal and deliberate. But, it is not certain that a priority linkage between the instructional development process and staff development is within the mainstream of current practices.

The practice of instructional development is generally understood nowadays as a quasi-systematic process of determining the objectives, means, and results criteria of curricular components that we call courses, units, and sometimes modules of instruction. Each member of any instructional faculty applies a personalized instructional development procedure in some more-or-less systematic fashion ranging from primitive to ultra-refined. Conventionally, teachers in general, and college and university faculty, in particular, engage in their personal design of teaching and instruction[1] in relative isolation.

A recent commentary on the isolation within which community college instructional development often occurs has been written by Arthur Cohen.[2] Cohen, who is perhaps the most prolific of the community college oriented

authors on instruction, insists that faculty are becoming reclusive in their practices and often 'hide behind the classroom door'[3] in a misguided search for autonomy imposed by tradition.

Contrary to this pervasive view, there are sizeable numbers of faculty who are willing to overcome the conditions of practitioner isolation and contribute to instructional improvement in a cooperative setting with colleagues. The largely untapped potential for faculty help giving and receiving increases as confidence in many traditional practices declines.

It was within this context that a number of faculty at Lord Fairfax Community College conceived, planned, and originated what we are calling an "Instructional Development Clinic." The clinic began during the Fall term in 1973 and has continued to function pragmatically since that time. The activities of the clinical participants went deliberately unheralded until the Spring of 1975. At that time members of the faculty of Hagerstown Junior College in nearby Maryland learned of its activities and by-products during one of the cooperative faculty inter-visitations conducted between the two institutions.

Subsequently, I was invited to conduct an informational workshop characterizing the experience of the Instructional Development Clinic for interested faculty of the Hagerstown Junior College campus. During this workshop I was able to participate in the initial planning decisions made by the faculty there and have since (as recently as January, 1977) been privileged to observe the Hagerstown "Instructional Clinic" in action. The practices of the two groups are quite similar, though not identical.

To my knowledge, no literature existed regarding instances of Instructional Development Clinic practices until the distribution of a

paper presented last year by Dr. Michael Parsons of Hagerstown Junior College entitled "The Instructional Clinic: Staff Development in Action."[4] Records including clinic announcements, Agendae, working papers, and informal notes highlighting the activities of the Instructional Development Clinic of Lord Fairfax Community College have been maintained over the years.[5]

Indirect precursors of this approach may be found in the general literature of public school practice under such generic themes as "action research" and "clinical supervision."[6] However, those approaches require more stringent process models and empirical regimens. They are also more highly contingent upon overt administrative leadership roles than the 'clinical' practices undertaken within the two colleges mentioned above. The Instructional Development Clinic characteristics described below are better understood as distant variants of earlier themes.

Characteristics of An Instructional Development Clinic

The following represent my effort to abstract and summarize some major characteristics of the Instructional Development Clinic as experienced at Lord Fairfax Community College during the 1973-1977 period:

1.) Essentially, an Instructional Development Clinic functions as a service for those faculty members interested in attempting to clarify and solve instructional problems on a voluntary and cooperative group basis within their local institution. The primary goal is to assist in the improvement of instructional practices with a view toward beneficial learner outcomes and increased instructor satisfaction.

2.) A "clinical" approach to instructional development is characterized as any systematic group problem-solving activity drawing upon the competencies and resources already available within the institution. Clinical services ordinarily focus upon diagnostic - prescriptive - prognostic considerations and are results oriented, case-centered, and often short-term in scope.

3.) A collateral aim of the clinical approach is to foster productive help-giving and help-receiving relations among faculty and ancillary personnel in an interdisciplinary setting. Intelligence is pooled in such ways that the conventional isolation that often prevails among educational practitioners will be reduced as a result of shared dissatisfaction with the status quo leading to voluntary interdependence, or "teamwork."

4.) Usually, most clinical activity is delimited to the "micro"-instructional development level arising from individual or small group problems with planning, designing, implementing, assessing, and revising singular instructional course components. These problems are voluntarily referred and scheduled by clinic participants. Sometimes, the instructional problems are more broad-based and involve large numbers of faculty.

5.) Leadership roles for an Instructional Development Clinic are managed by faculty on a rotating basis.

6.) Faculty participation and contributions during and between clinical sessions may be expected to vary considerably on a case-by-case basis. Participation depends largely upon such variables as personality types and cognitive styles; interests and perceived needs; convenience; individual expectations and

personal satisfaction-dissatisfaction with previous group-contingent instructional development efforts; and sense of colleague reciprocation among faculty peers.

7.) Ancillary instructional support personnel, including Learning Resources specialists and staff technicians, Student Services staff, and both academic administrators and those administrators not directly involved in instruction also contribute effectively to the extent that they are able to subordinate their institutional status and role "baggage" in the interests of facilitating clinical work at hand. Providing support services and facilitating the ongoing work of the clinical groups is typically the most productive contribution of administrative personnel. For example, administrative facilitation in making physical arrangements for scheduled clinic sessions, publishing notices and agendas, and maintaining records as requested by the faculty clients serving in the rotating leadership roles are essential contributions.

8.) There is no high relationship between the quantity of clinic participants and the quality or productivity of a clinical activity. While group size may be expected to vary, "a big turnout" is not essential. Highly productive clinical sessions have been conducted with as few as five (5) to seven (7) participants while some of the sessions attracting much larger numbers have sometimes functioned more as "forums" than as "clinics." I have developed an inclination for recommending that faculty clinic planners look forward more to the potential for productive quality within a group of participants rather

than seeking to maximize group size each time! Also strongly recommended is that the instructor(s) seeking help in a clinical situation exert a calculated and special effort to identify and involve specific colleagues and support staff members believed to possess the expertise and willingness to provide useful help.

9.) Notices of Instructional Development Clinic scheduled meetings provide advance communication of the specific nature of the problem and task expectations as well as the time, date, location, and facilitating clinic leadership roles(s) planned. One continuing difficulty in a collegiate setting is the limited availability of suitable time blocks due to individualized scheduling of faculty and the probability of time-conflicting events of special interest to some. In our case, the sessions are most often scheduled during noon hours.

10.) The problem of providing adequate clinical opportunity for part-time evening faculty members is particularly severe. Adjunct faculty contact with the instructional organization and regular faculty colleagues is normally so abbreviated that their access to clinical help is unlikely during "regular" hours. There is a continuing limitation, still largely unresolved, with regard to providing for the instructional development needs of the sizeable and growing "forgotten faculty" segment.

11.) Relationships between instructional development needs and staff development do become manifest during clinical activities. Individual faculty have identified personal in-service training needs during the course of instructional problem-solving.

Moreover, it is probable that frequent participants do experience considerable personal growth in small-group productivity and human relations skills as well as expanding their insight into the complexities of instructional processes and related phenomena. Thus, instructional development ventures sometimes assist individual faculty to identify practical in-service training needs.

12.) Instructional problem-solving activity increases the institutional need for developing a collection of media resources on community college students, curriculum and instruction. A collection has been developed at Lord Fairfax and is listed in an annotated Faculty & Staff Development Inventory of Resources (30 pgs.) distributed to all personnel.

13.) Finally, a voluntary faculty clinical approach to instructional development is not considered by its users to be some compelling or revolutionary innovation that is necessarily worthy of widespread adoption throughout the nation's schools and colleges. These practices have arisen from within the circumstantial context of but a small number of community college faculty who are attempting to use this approach on a selective basis. It is but one additional pragmatic structure through which some faculty might facilitate an improvement in some of their instructional practices. Application of these practices does not require large-scale advocacy, charismatic leaders, sophisticated research models, any particular philosophy of education or theory of curriculum and instruction, or much money. Direct costs are minimal, therefore.

Conclusion

There is nothing novel about teachers helping each other to improve their instructional practices in such ways as to benefit both the practitioners as well as the learners. Institutional education has generally been thought of as a cooperative enterprise and teachers are usually more cooperative than competitive in their relations as a collectivized occupational group.

What is novel is that the remarkable emergence of new attempts to apply more systematic instructional practices has not been accompanied by corresponding faculty development systems. Efforts that would seek to draw upon the voluntary and cooperative potential among teaching faculty can be undertaken on a limited scale and with a moderate expectation of success.

At Lord Fairfax Community College the majority of Instructional Development Clinic activity has been devoted to providing assistance to individual faculty members asking for help on improving specific course practices. Examples include specifying or refining instructional objectives; deciding upon promising instructional methods; constructing systems for testing and grading student achievement; identifying useful learning media; experimenting with self-instructional programmed packages; implementing and assessing the results of contract grading; and receiving advice and feedback on the feasibility of attempting 'hard' cognitive and affective objectives. Records indicate that many of the clinically assisted faculty efforts were considered successful in terms of reported results. A few were not, and, a few others were not implemented after consideration. An increased tolerance for relative and situational definitions of 'success'

in instruction has become more necessary among those who are learning to cope with the limitations of educational practice.

Clinic sessions have sometimes become sounding boards for faculty seeking to probe the degree of shared concern among colleagues over such trends and concerns as: grade inflation or deflation; providing for the non-traditional and remedial student; prerequisites and corequisites; follow-up studies interpretation; readability indicators; and the degree of faculty willingness to both endorse and provide reinforcements for general education skills in the specialized occupational courses. These shared concerns generally begin as "macro" topics. They are not usually susceptible to short-term clinical resolution except in the sense that the group focus provides a "forum" service to a larger faculty constituency than ordinarily attends the more delimited individual "trouble-shooting" sessions.

While most results have been limited to the modification of an individual faculty member's course components, a few have resulted in the development of large scale multi-course revisions. Also, a sizeable support of faculty travel for workshops, conferences, and a variety of visitations have had their origins within the activities of the clinic. Results and findings are usually reported back at future sessions. Other clinic related outcomes include providing help to a team of faculty during the initial stages of their designing an interdisciplinary National Science Foundation Grant proposal that was funded and is now in progress; indirectly providing encouragement and motivation for one of the academic departments to host a conference on campus between themselves and faculty representatives from the major four-year colleges to assess the commonalities of their courses of instruction and to improve articulation for transferring

students; and the planning and participatory support for two faculty and staff development funded workshops on "Cognitive Styles" applications.

Whether or not these activities are measurably "successful" is open to conjecture and diverse interpretation. The four years of experience at the originating institution has not given rise to overwhelmingly positive or negative reactions. No attempt has been made to achieve large-scale acceptance. The frequency of scheduled sessions has typically been bi-weekly - which is somewhat less than a frantic pace. There are doubtless other examples of similar practices at other schools and colleges that are not yet reported. We are especially interested in identifying sources of information about similar approaches being conducted elsewhere.

In conclusion, it is important to state that the practices described within this seminar paper are presented in the spirit of sharing information and ideas believed to be of interest to a specialized audience. A skeptical and critical reception is intended. Persons participating in this convention seminar are encouraged to respond with questions or observations that may stimulate further clarification during the remainder of our time together. I will also be available, along with Dr. Parsons, after adjournment.

Those interested in contacting me in the future at my home institution are welcome to do so. I will attempt to respond to inquiries as time and resources permit. I am also willing to refer you to those individual members of the Lord Fairfax Community College faculty who are better able than I to respond to some of the instructionally specialized interests that my generalist's overview and perspective has not touched upon.

Thank you for your interest and attention.

References

1. I am especially indebted to the earlier conceptual works of Dr. Stephen Maxwell Corey, Professor Emeritus of Education, University of Miami, Florida, and my doctoral studies mentor, for clarifying the differential meanings of "teaching" and "instruction." Of particular interest are: Corey, Stephen M. "The Nature of Instruction," in P. C. Lange, ed., Programmed Instruction: National Society for the Study of Education (NSSE) 66th Yearbook, Part II, (Chicago: University of Chicago Press, 1967) pp. 5-27, and Corey, Stephen M. "The Long Run" in The Way Teaching Is - Report of the Seminar on Teaching, Association for Supervision & Curriculum Development, Washington, D. C., 1966, pp. 77-79.
2. Cohen, Arthur M. "Hiding Behind the Classroom Door - The Community-College Teacher Has Become a Recluse," The Chronicle of Higher Education, July 26, 1976.
3. Ibid.
4. Parsons, Michael H. "The Instructional Clinic: Staff Development in Action," Unpublished Paper presented at the Seventh Annual International Institute on the Community College, Sarnia, Ontario, Canada, June 15, 1976.
5. A sample Instructional Development Clinic Notice is attached.
6. See Goldhammer, Robert, Clinical Supervision, (New York: Holt, Rinehart and Winston, 1969) 370 pp., and McNeil, John D., Toward Accountable Teachers, (New York: Holt, Rinehart and Winston, 1971) 176 pp., for some fundamental concepts. Our variant provides for college faculty to clinically "supervise" each other on a colleague basis.

Lord Fairfax Community College

INSTRUCTIONAL DEVELOPMENT CLINIC

UNIVERSITY OF CALIF.
LOS ANGELES
OCT 28 1977
CLEARINGHOUSE FOR
JUNIOR COLLEGES

NOTICE

Date Wed., Mar. 9, 1977

Time 12:00 Noon

Place Conference Room

Agenda Topics

"Brainstorming" the development of a new course on "Explorations In Natural Living" (HUMN 150).

Chwmn: Patti Nesbitt

The LFCC Spring Quarter Schedule of evening Course offerings includes a new elective course described as follows:

HUMN 150 - EXPLORATIONS IN NATURAL LIVING (3 cr.)--An introductory study of the basic philosophical orientations associated with natural living. This course explores the values, rationale, means, and various expressions of the simple life. Lecture 3 hours per week.

Patti Nesbitt, the course instructor, has asked for a "brainstorming" clinic session to help her identify suggested ideas that interested faculty would share concerning content and process priorities. Advice given will be helpful as she plans and develops the course during the next few weeks. An open consideration of 'Natural Living' is needed as the college develops an 'Alternative Life Styles' curriculum component.